•										Application or Docket Number				
	PATENT A	APPLIC		N FEE D			ION RECO	RD		09	7,	1054	9	
		CLA		S FILED - olumn 1)	PARI		umn 2)		SMALL TYPE	ENTITY	OR	OTHER SMALL		
FOR			NUMBE	R FILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE	
BASI	C FEE									395.00	OR		790.00	
TOTA	L CLAIMS			migrus	20 =	•		×	\$11=		OR	x\$22=	_	
	PENDENT CLA			<del>/</del>	ıs 3 =	*	<del></del>		x41=		OR	x82=		
MULTIPLE DEPENDENT CLAIM F				A PRESENT			+13		-135=		OR	+270=		
* If the difference in column 1 is			s less than zero, enter "0" in column			12 TOTA		TOTAL	Sign	OR	TOTAL			
			IS AS	AMENDED	- PA	RT II						OTHER	THAN	
	-	(Çolun		WINDS SERVICE		olumn 2)	(Column 3)	. —	SMALL	ENTITY	OR I I	SMALL	ENTITY	
AMENDMENT A		CLA REMA AFT AMEND	INING ER		PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /	7_	Minus	**	20	= /	×	\$11=		OR	x\$22=	/	
MEN	Independent	•	2	Minus	***	3	= ,	,	x41=		OR	x82=	(	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=		
							(0.1	ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
<u> </u>	PORTON CONTRACTOR	(Colur				olumn 2)	(Column 3)	-		1				
AMENDMENT B		CLA REMA AFT AMEND	INING ER		N PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	_	Minus	**	·	=	,	¢\$11=		OR	x\$22=		
	Independent	•		Minus			=	$I \Gamma$	x41=		OR	x82=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-135=		OR	+270=		
		(Colu	mn 1)	•	(C	column 2)	(Column 3)	ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	See	CLA			<del>- `</del>	IGHEST	Τ	1 [		<u> </u>	1			
ENTC		5	INING TER		N PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total	•		Minus	**		=	,	<b>¢\$11</b> =		OR	x\$22=		
AMENDMENT	Independent		·	Minus	***		=		x41=		OR	x82=		
A	FIRST PRE	SENTAT	ION OF	MULTIPLE	DEPE	NDENT CL	AIM		-135=		OR	+270=		
* H	the entry in colu the "Highest Nu	mn 1 is le	ss than th	e entry in colu	mn 2, v	write "0" in col	umn 3. 20. enter "20."	<u> </u>	TOTAL		OR	TOTAL		
BH	the "Highest No.	mhar Drau	douch Da	IN FAC IN THE	S SPAC	OF is less than	3, enter "3." highest number fo		DIT. FEE the appro		4	ADDIT. FEE		

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o colection of information unless if displays a valid CMB control number.

PETITION FOR EXTENSION OF TIME UNDER	37 CFR 1.136(a)	Docket Number (Option	onal)
FY 2005		141697.00000-P	1140US01 REC
(Fees pursuant to the Consolidated Appropriations Act.	2005 (H.R. 4818).)	Filed January 06	CENTRAL
Application Number 09/770,599		Filed January 26	
FOR ONLINE DONATION MANAGEMENT SYSTEM		Examiner Tea D.	JAN JAN
Art Unit 3629  This is a request under the provisions of 37 CFR 1.13	IS(a) to average the ne		
application.			
The requested extension and fee are as follows (chec	_	_	ate fee below):
550 0 (07 050 4 47/o)(4))	<u>Fee</u> \$120	Small Entity Fee \$60	. 49
One month (37 CFR 1.17(a)(1))		•	225
Two months (37 CFR 1.17(a)(2))	\$450	\$225	•
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	3
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	5
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	3
Applicant claims small entity status. See 37 CFR	1.27.		
A check in the amount of the fee is enclosed	d.	٠	
Payment by credit card. Form PTO-2038 is	attached.		
The Director has already been authorized to	charge fees in this	application to a Dep	osit Account.
The Director is hereby authorized to charge	any fees which ma	y be required, or cred	dit any overpayment, to
Deposit Account Number 50-1429 WARNING: Information on this form may become p	Ih	ave enclosed à dupli	cate copy of this sheet.
assignee of record of the enti Statement under 37 CFR:	3.73(b) is enclosed	(Form PTO/SB/98).	
attorney or agent under 37 C  Registration number if acting under	FR 1.34.		
PD 0. 1 2/20.	_	1/2/	105
Signature			
		<del>-</del>	Date
Charles L. Warner		404-572-671	
Typed or printed name		Tels	phone Number
Typed or printed name  NOTE: Signatures of all the Inventors or assignces of record of the	entire interest or their repre	Tels	phone Number
Typed or printed name  NOTE: Signatures of as the Inventors or assignces of record of the eignature is required, see below.  X Total of 1	forms are submitted.	Tele	phone Number mit mutiple forms if more than on
Typed or printed name  NOTE: Signatures of all the inventors or assignces of record of the eignature is required, see below.  X Total of 1  This collection of information is required by 37 CFR 1,138(a). The information is complete, including gathering, preparing, and submitting the complete comments on the emount of time you require to complete this form at U.S. Peterst and Tradamark Office, U.S. Department of Commence, PORMS TO THIS ADDRESS, SEND TO: Committationer for Patents	forms are submitted. omasion is required to obtai U.S.C. 122 and 37 CFR 1. od application form to the U older suggestions for reduce C.O. Box 1450, Alexandria. s., P.O. Box 1450, Alexandria.	Telescontative(s) are required. Sub- in or retain a benefit by the put is and 1.14. This collection is SPTO. Time will vary depend on this burden, should be sent A 22313-1450. DO NOT SED Ha, VA 22318-1450.	phone Number  mit multiple forms if more than on  allic which is to file (and by the  estimated to take 6 minutes to  my upon the institution Officer. Any  to me Chair institution Officer.
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